

Abstracts

These selected abstracts and titles from the world literature are arranged in the following sections:

Syphilis and other treponematoses
(Clinical and therapy; serology and biological false-positive phenomenon; pathology and experimental)
Gonorrhoea
(Clinical; microbiology; therapy)
Non-specific genital infection
Chlamydial infections

Reiter's disease
Trichomoniasis
Candidosis
Genital herpes
Other sexually transmitted diseases
Public health and social aspects
Miscellaneous

Syphilis and other treponematoses (clinical and therapy)

Outcome of treated syphilis with various types of penicillin and broad-spectrum antibiotics among Indian Armed Forces personnel

TR KAPUR, HR HALDER, AND ANAND S, *ET AL* (Military Hospital, Bareilly (WP), India). *Indian Med Gazette* 1981; **115**:374-86.

This interesting paper reports the results of treatment of syphilis in 443 Indian Army personnel in the period 1967 to 1975. Many data are combined with imprecise definitions. The author admits that the consorts of married patients were not examined!

Serological testing comprised the WR, Kahn, and VDRL tests. Follow-up was assiduous for two and a half years and CSF examinations were performed at six and 30 months. Treatment schedules for early syphilis were PAM 600 000 units daily for 10 days, benzathine penicillin 2.4 million units immediately, oxytetracycline 500 mg four times daily for 20 days, and demethylchlortetracycline 900 mg daily for 20 days.

No cases of clinical relapse were seen after treatment in 392 patients with primary and secondary syphilis.

Serological failure of treatment was defined as no significant response in the first year, where a negative serological reaction became positive or a previously declining titre increased in positivity. Of 139 seropositive cases of early syphilis treated with PAM there were seven (5%) failures. All categories of early syphilis responded equally well. Eighty-two per cent

of cases were seronegative at one year and 95% after two years. Of 184 seropositive cases of early syphilis treated with benzathine penicillin, there were 22 (12%) failures. Similar responses were seen in all stages of early syphilis. Seventy-one per cent of cases were seronegative at one year and 88% after two years. Of 26 cases of early syphilis treated with oxytetracycline four (15%) were failures; of 18 cases treated with demethylchlortetracycline two (11%) were failures.

A few cases of late syphilis were also treated with longer regimens, PAM 1.2 million units daily for 10 days, a seven-day break, then a further 10-day course of 1.2 million units, and benzathine 2.4 million units weekly for four weeks. Five cases treated with PAM were serologically cured, while there were three failures in eight cases treated with benzathine penicillin. This paper reaffirms the place of daily procaine penicillin in treatment of all stages of syphilis. Superior results are reported for PAM compared with benzathine penicillin in early syphilis.

C J N Lacey

Primary syphilis of the tonsil

NJ FIUMARA AND EA WALKER (Massachusetts Department of Public Health, Boston, MA, USA). *Arch Otolaryngol* 1982; **108**:43-4.

Unusual location of syphilitic alopecia: a case report

SS PAREEK (Faculty of Medicine, University of Riyadh, Saudi Arabia). *Sex Transm Dis* 1982; **9**:43-4.

Intensive arsenotherapy of early syphilis

RH KAMPMEIER (Vanderbilt University Medical School, Nashville, Tennessee, USA). *Sex Transm Dis* 1982; **9**:48-51.

Treatment of syphilis: a short clinical review

E PANCONESI, G ZUCCATI, AND A CANTINI (Dermatology Clinic, University of Florence, Italy). *Sex Transm Dis* 1981; **8**suppl:321-5.

Syphilis (serology and biological false-positive phenomenon)

Screening test for syphilis-specific antibodies added to a screening programme for congenital hypothyroidism

J SANDER AND C NIEHAUS (Osnabruck, Federal German Republic). *J Pediatr* 1982; **100**:93-4.

Unheated serum reagin test as a quantitative test for syphilis

DE PETTI, SA LARSEN, V POPE, *ET AL* (Center for Disease Control, Atlanta, GA, USA). *J Clin Microbiol* 1982; **15**:238-42.

Heated versus unheated sera in the haemagglutination treponemal test for syphilis

EA HAMBIA, SA LARSEN, MW PERRYMAN, *ET AL* (Center for Disease Control, Atlanta, GA, USA). *J Clin Microbiol* 1982; **15**:337-8.

Syphilis (pathology and experimental)

Further studies on replication of virulent *Treponema pallidum* in tissue cultures of Sf1Ep cells

AH FIELDSTEEL, DL COX, AND RA MOECKLI (SRI International, Menlo Park, California, USA). *Infect Immun* 1982; **35**: 449-55.

The previous paper of these authors (which was abstracted in this journal, 1982; **58**: 67) reported the successful growth in cell culture of virulent *T. pallidum*. In this paper they examine the criteria for maximal growth. The same cell line of cottontail rabbit epithelium (Sf1Ep) was used. Varying the temperature of the cell culture showed that 33°-35°C was the optimal range. Atmospheric O₂ at 33°C in the range 1.5-5.0% gave the best growth, though motility was greatest at 5% O₂.

Fetal bovine serum (FBS) is required in the cell system as a protein source, and 20% was the optimum level, the range tested being from 5% to 30%. Eight lots of calf serum were also tested: two did not support growth, the other six gave increases between 4.7 to 13.7 times the original inoculum compared with an increase of 16.5 times with FBS. As FBS is extremely scarce calf serum, if properly screened, can be substituted.

Extracts from testes were studied, as this has been shown to be a growth requirement. Extract of infected rabbit testes is needed for the greatest replication; diminishing growth was obtained with non-infected adult rabbit, non-infected immature rabbit, adult golden hamster, and adult rat respectively.

G D Morrison

Loss of *Treponema pallidum* during incubation in Nelson's survival medium with or without serum added

S CHRISTIANSEN AND M W BENTZON (Statens Serum Institut, Copenhagen, Denmark). *Acta Pathol Microbiol Scand B* 1982; **89**: 379-86.

A simple method for the isolation of flagella from *Treponema* Reiter

C S PETERSEN, NS PEDERSEN, AND MH AXELSEN (Statens Serum Institut, Copenhagen, Denmark). *Acta Pathol Microbiol Scand C* 1982; **89**: 379-86.

Neurosyphilis - intrathecal synthesis of oligoclonal antibodies to *Treponema pallidum*

F VARTDAL, B VANDVIK, TE MICHAELSEN, ET AL (Rikshospital, Oslo, Norway). *Ann Neurol* 1982; **11**: 35-40.

Ultrastructural and immunological characterisation of a *Treponema* strain isolated from a pleural effusion of a luetic patient

E FALCIERI, G BIAGINI, AND A GASPONI (University of Bologna, Italy). *Boll Ist Sieroter Milan* 1981; **60**: 386-93.

Purification of a Reiter treponemal protein antigen that is immunologically related to an antigen in *Treponema pallidum*

CS PETERSON, NS PEDERSEN, AND N H AXELSEN (Statens Serum Institut, Copenhagen, Denmark). *Infect Immun* 1982; **35**: 974-8.

The microaerophilic nature of *Treponema pallidum*; enhanced survival and incorporation of tritiated adenosine under microaerophilic conditions in the presence and absence of reducing compounds

WH COVER, SJ NORRIS, AND JN MILLER (Treponemal Research Laboratory, University of California, Los Angeles, USA). *Sex Transm Dis* 1982; **9**: 1-8.

Gonorrhoea (clinical)

Seroepidemiologic aspects of *Neisseria meningitidis* in homosexual men

IE SALIT AND CE FRASCH (Toronto General Hospital, Toronto, Canada). *Can Med Assoc J* 1982; **126**: 38-41.

Meningococci were cultured in 35% of 383 homosexual men attending either a venereal disease clinic or a community screening clinic. Throat isolates accounted for 93.5% of isolates, the rectum 5.8%, and the urethra 0.72%. Serogroups and serotypes of the isolates were similar to those commonly found in other asymptomatic carriers.

Gonococci were isolated from 8.6% of isolates (14.7% of positive isolates being from the throat and 85.3% from the rectum) and were 1.4 times more common in those men who also harboured meningococci. In only two instances were both organisms isolated from the same site. In 13 of the 14 cases of concomitant

isolation the gonococci were isolated from the rectum and the meningococci from the throat.

Treatment is not generally recommended for asymptomatic homosexual men who harbour meningococci in the throat, rectum, or urethra.

R R Willcox

(Reprinted from *Abstracts on Hygiene* by permission of the Editor)

Effect of menstrual cycle and method of contraception on recovery of *Neisseria gonorrhoeae*

WM McCORMACK, GH REYNOLDS AND THE CO-OPERATIVE STUDY GROUP (State Laboratory Institute, Boston, Massachusetts, USA). *JAMA* 1982; **247**: 1292-4.

Data collated from the National Gonorrhoea Therapy Monitoring Study were analysed to determine the rates of isolation of *Neisseria gonorrhoeae* at different stages of the menstrual cycle in two groups of patients. The first group comprised 5287 women who were consorts of known cases of gonorrhoea, and of these 61.4% overall had a positive endocervical culture result. Those tested within five days of the onset of menstruation, however, had an isolation rate of 64.9% compared with 60.6% of those tested after the fifth day. The second group consisted of 1489 untreated women who had had a previous positive culture result for *N. gonorrhoeae* on screening. Of these, 1115 (74.9%) had a positive endocervical culture result on retesting, and again more positive results (79.7%) were obtained from samples taken up to the fifth day of menstruation than after this time (73.7%). Further analysis of the first group also showed that this trend was the same in women not using any contraception and in those taking the contraceptive pill.

The authors speculate reasons for their results and conclude that the examination of women suspected of having gonococcal infection should not be delayed because they are menstruating. No information is given on the probable duration of infection and, in the second group, on how long after the "previous" positive culture result patients attended.

J R Willcox

Fetal gonorrhea with deep tissue infection occurring in utero

EH OPPENHEIMER AND KJ WINN (Johns Hopkins Hospital, Baltimore, MD, USA). *Pediatrics* 1982; **69**: 74-6.

An unusual case of gonorrhoea in utero is reported. The 30-week-old fetus died in utero at least four hours before delivery. Infection, therefore, occurred by aspiration of infected amniotic contents rather than by the more common route of passage through an infected birth canal. The infection resulted in deep-seated fetal tissue inflammation. *Neisseria gonorrhoeae* was cultured from maternal and fetal tissues and Gram-negative diplococci were stained in microscopic sections.

Authors' summary

Contact dermatitis from a gonococcal discharge: a case report

NJ FIUMARA AND S KAHN (Massachusetts Department of Public Health, Boston, USA). *Sex Transm Dis* 1982;7:41-2.

Clinical spectrum of infection with *Neisseria gonorrhoeae*

WM McCORMACK (Downstate Medical Center, State University of New York, Brooklyn, New York, USA). *Sex Transm Dis* 1981;8 suppl 1:305-7.

Gonorrhoea (microbiology)

Emergence in Britain of beta-lactamase-producing gonococci with new plasmid combination (correspondence)

NA JOHNSTON AND B KOLATOR (Venereal Disease Reference Laboratory, London Hospital, London, UK). *Lancet* 1982; i:445-6.

The number of penicillinase-producing strains of *Neisseria gonorrhoeae* (PPNG) increased from 15 in 1977 and 211 in 1980 to 444 in 1982, the surveillance of which has been maintained at the VD Reference Laboratory at the London Hospital. In 1981 data on the source of infection was available in 427 cases: Asia in 78, Africa in 58, Britain in 206 (the consort being infected abroad in about 25%), Europe in 19, the Americas in 10, and unknown in 56. The proportion contracted in Britain rose from 81 of 197 cases (41.1%) between January and June to 125 of 230 cases (54.3%) between July and December.

In the latter half of the year the plasmid content was analysed in 80 strains. Two were identified as of African type carrying the 3.2 megadalton coding plasmid but also the 24.5 transfer plasmid (usually associated with the 4.5 megadalton plasmid in some Asian strains)—the first time this combination has been reported in the UK.

Both were noted in London, one in a Gambian infected by a prostitute in Brussels and another in a Briton infected in Sri Lanka.

R R Willcox

(Reprinted from *Abstracts on Hygiene* by permission of the Editor)

Ability of *Neisseria gonorrhoeae*, *Neisseria meningitidis*, and commensal *Neisseria* species to obtain iron from lactoferron

PA MICKELSEN, E BLACKMAN, AND PF SPARLING (University of North Carolina, Chapel Hill, NC, USA). *Infect Immun* 1982;35:915-20.

Evaluation of modified New York City carbohydrate medium for the speciation of *Neisseria*

DH SIMMS AND YA LUE (New York Medical College, Bronx, New York, USA). *Sex Transm Dis* 1982;9:34-6.

Evaluation of modified Stuart's medium in Culturettes[®] for transport of *Neisseria gonorrhoeae*

JE EBRIGHT, KE SMITH, L DREXLER, ET AL (Milwaukee City General Hospital, Milwaukee, WI, USA). *Sex Transm Dis* 1982;9:45-8.

Identification of problem *Neisseria gonorrhoeae* cultures by standard and experimental tests

RJ ARKO, KJ FINLAY-PRICE, K-H WONG, ET AL (Center for Disease Control, Atlanta, Georgia, USA). *J Clin Microbiol* 1982;15:435-8.

Superoxol (catalase) test for identification of *Neisseria gonorrhoeae*

R SAGINUR, B CLECHNER, J PORTNOY, AND J MENDELSON (McGill University, Montreal, Canada). *J Clin Microbiol* 1982;15:475-7.

Effect of various analgesics and lubricants on isolation of *Chlamydia trachomatis* and *Neisseria gonorrhoeae*

MF OSBORN AND AP JOHNSON (Clinical Research Centre, Harrow, Middlesex, UK). *J Clin Microbiol* 1982;15:522-4.

Enzyme-linked immunosorbent assay with polyvalent gonococcal antigen

BR BRODEUR, FE ASHTON, AND BB DIENA (Center for Disease Control Laboratory, Neisseria Reference Center, Ottawa, Canada). *J Med Microbiol* 1982;15:1-10.

Identification of a new genetic site (sac-3+) in *Neisseria gonorrhoeae* that effects sensitivity to normal human serum
WM SHAFER, LF GUYMON, AND PF SPARLING (University of North Carolina, Chapel Hill, NC, USA). *Infect Immun* 1982;35:764-9.

Rapid presumptive diagnosis of gonococcal urethritis in males: evaluation of a prototype limulus lysate test kit

R NACHUM AND RO CHRISTIANSEN (Martin Luther King Jr General Hospital, Los Angeles, USA). *Med Lab Sci* 1982;39:83-6.

Investigation of the determinants of the survival of *Neisseria gonorrhoeae* within human polymorphonuclear phagocytes

NJ PARSONS, AAA KWAASI, JA TURNER, ET AL (Department of Microbiology, Birmingham University, Birmingham, UK). *J Gen Microbiol* 1981;127:103-12.

Induction of phenotypically determined resistance of *Neisseria gonorrhoeae* to human serum by factors in human serum

PMV MARTIN, PV PATEL, NJ PARSONS, AND H SMITH (Department of Microbiology, Birmingham University, Birmingham, UK). *J Gen Microbiol* 1981;127:213-8.

Relation of protein 1 and colony opacity to serum killing of *Neisseria gonorrhoeae*

JF JAMES, E ZURLINDEN, CJ LAMMEL, AND GF BROOKS (University of California, San Francisco, CA, USA). *J Infect Dis* 1982;145:37-44.

Evaluation of the Phadebact test for identification of *Neisseria gonorrhoeae*

BL CARLSON, MS HALEY, JR KELLY, AND WM McCORMACK (Massachusetts Department of Public Health, Boston, MA, USA). *J Clin Microbiol* 1982;15:231-4.

Gonorrhoea (therapy)

Single oral dose rosoxacin in the treatment of gonorrhoea in males

BM LIMSON AND RK MACASET (Makati Medical Centre, Makati, Philippines). *J Int Med Res* 1982;10:42-5.

Treatment of uncomplicated gonococcal infection with trimethoprim-sulfamethoxazole

ST BROWN, SE THOMPSON, JW BIDDLE, ET AL (Center for Disease Control, Atlanta, Georgia, USA). *Sex Transm Dis* 1982;9:9-14.

Non-specific genital infection

Comparison of the Gram-stained urethral smear and first-voided urine sediment in the diagnosis of nongonococcal urethritis
K DESAI AND HG ROBSON (3375 University Street, Montreal, Quebec, Canada). *Sex Transm Dis* 1982; **9**:21-5.

Semiquantitation of urethral polymorphonuclear leucocytes as objective evidence of nongonococcal urethritis (editorial)
SJ KRAUS (Center for Disease Control, Atlanta, GA, USA). *Sex Transm Dis* 1982; **9**:52-5.

Chlamydial infections

Prematurity and perinatal mortality in pregnancies complicated by maternal *Chlamydia trachomatis* infections
DH MARTIN, L KOUTSKY, DA ESCHENBACH, ET AL (University of Washington School of Medicine, Seattle, USA). *JAMA* 1982; **247**:1585-8.

In a prospective study of morbidity associated with *Chlamydia trachomatis* infections during pregnancy, we isolated *C. trachomatis* from the endocervix of 18 (6.7%) of 268 women examined before 19 weeks' gestation. Infected women were significantly younger than non-infected women and significantly more often unmarried, supported by public assistance, and pregnant for the first time. Among women followed up from 19 weeks' gestation until delivery, the mean duration of gestation was significantly shorter for those with antepartum chlamydial infection. Stillbirth or neonatal death occurred in six (33%) of the 18 pregnancies of infected women compared with eight (3.4%) of the 238 pregnancies of non-infected women followed up from the 19th week of gestation through delivery. Stillbirth or neonatal death occurred 10 times more often among *Chlamydia*-infected women than among uninfected controls matched for age, marital state, socioeconomic status, pregnancy order, and race.

Authors' summary

The growth of *Chlamydia* in McCoy cells treated with emetine
ID PAUL (Public Health Service Laboratory, Bristol, UK). *Med Lab Sci* 1982; **39**:15-32.

Efficacy of treatment regimens for lower urogenital *Chlamydia trachomatis* infection in women

WR BOWIE, LM MANZON, CJ BORRIEHUME, ET AL (University of British Columbia, Vancouver, BC, Canada). *Am J Obstet Gynecol* 1982; **142**:125-9.

Lack of in-vitro activity of cefoxitin, cefamandole, cefuroxime, and piperacillin against *Chlamydia trachomatis*

WR BOWIE (University of British Columbia, Vancouver, BC, Canada). *Antimicrob Agents Chemother* 1982; **21**:339-40.

Monoclonal antibodies to *Chlamydia trachomatis*: antibody specificities and antigen characterisation

RS STEPHENS, MR TAM, C-C KOU, AND RC NOWINSKI (School of Public Health and Community Medicine, University of Washington, Seattle, USA). *J Immunol* 1982; **128**:1083-9.

Pelvic infection after elective abortion associated with *Chlamydia trachomatis*
BR MØLLER, S AHRONS, J LAURIN, AND P-A MÅRDH (Aarhus University, Aarhus, Denmark). *Obstet Gynecol* 1982; **59**:210-13.

Chlamydial infections in Italy

R CEVENINI AND M LAPLACK (Institute of Microbiology, University of Bologna, Bologna, Italy). *Sex Transm Dis* 1981; **8** suppl: 349-53.

Recovery of cytomegalovirus and *Chlamydia trachomatis* from vaginal tampons

MS LAREW AND MG MYERS (Children's Hospital Medical Center, Cincinnati, Ohio, USA). *J Med Virol* 1982; **9**:37-42.

Candidosis

***Pneumocystis carinii* pneumonia and mucosal candidiasis in previously healthy homosexual men—evidence of a new acquired cellular immunodeficiency**

MS GOTTLIEB, R SCHROFF, HM SCHANKER, ET AL (University of California School of Medicine, Los Angeles, USA). *N Engl J Med* 1981; **305**:1425-31.

Four previously healthy homosexual men contracted *Pneumocystis carinii* pneumonia, extensive mucosal candidosis, and multiple viral infections. In three of the

patients these infections followed prolonged fevers of unknown origin. In all four cytomegalovirus was recovered from secretions. Kaposi's sarcoma developed in one patient eight months after he presented with oesophageal candidosis. All patients were anergic and lymphopenic; they had no lymphocyte proliferative responses to soluble antigens, and their responses to phytohaemagglutinin were markedly reduced. Monoclonal-antibody analysis of peripheral-blood T-cell subpopulations showed virtual elimination of the Leu-3+ helper/inducer subset, an increased percentage of cells bearing the thymocyte-associated antigen T10. The inversion of the T helper to suppressor/cytotoxic ratio suggested that cytomegalovirus infection was an important factor in the pathogenesis of the immunodeficient state. A high level of exposure of male homosexuals to cytomegalovirus-infected secretions may account for the occurrence of this immune deficiency.

Authors' summary

Genital herpes

Severe acquired immunodeficiency in male homosexuals manifested by chronic perianal ulcerative herpes simplex lesions
FP SIEGAL, C LOPEZ, GS HAMMER, ET AL (Mount Sinai Hospital, New York, NY, USA). *N Engl J Med* 1981; **305**:1439-43.

Intravenous acyclovir treatment for primary genital herpes

A MINDEL, MW ADLER, S SUTHERLAND, AND AP FIDDIAN (Middlesex Hospital, London, UK). *Lancet* 1982; **i**:697-9.

Treatment of herpes genitalis

HKS SINGHA AND MS NASR (Royal South Hampshire Hospital, Southampton, UK). *J Int Med Res* 1982; **10**:39-41.

Genital infection with herpes simplex virus type 1

JF PEUTHERER, IW SMITH, AND DHH ROBERTSON (Department of Bacteriology, University of Edinburgh Medical School, Edinburgh, UK). *J Infect* 1982; **4**:33-6.

Rapid serological testing technique for typing herpes simplex virus

PH CLEVELAND, DD RICHMAN, MN OXMAN, AND DM WORTHEN (Veterans Administration Medical Center, San Diego, California, USA). *J Clin Microbiol* 1982; **15**:402-7.

Other sexually transmitted diseases

Amyl nitrite may alter T lymphocytes in homosexual men

JJ GOEDERT, CY NEULAND, WC WALLIN, ET AL (National Institute of Health, Bethesda, Maryland, USA). *Lancet* 1982; i: 412-6.

Clinical, virological, and immunological data on two homosexuals with Kaposi's sarcoma and 15 apparently healthy homosexual volunteers (eight admitted to using amyl nitrite) were collated. Both patients (using amyl nitrite) had low helper/suppressor (H/S) T-lymphocyte ratios and high titres of antibody against cytomegalovirus. Of the eight volunteers using amyl nitrite, seven had low H/S ratios due to larger than normal numbers of OKT8-positive suppressor cells and smaller numbers of OKT4-positive helper cells. The data suggest that nitrites may be immunosuppressive in the setting of repeated viral antigenic stimulation and may contribute to the high frequency of Kaposi's sarcoma and opportunistic infections in homosexual men.

M A Waugh

Increased risk of infection with hepatitis-A and hepatitis-B viruses in men with a history of syphilis—relation to sexual contacts

P KRYGER, NS PEDERSEN, L MATHIESEN, AND JO NIELSEN (Statens Seruminstitut, Copenhagen Denmark). *J Infect Dis* 1982; 145: 23-6.

An epidemic of chancroid: 587 cases

P MOREL, I CASIN, C GANDIOL, ET AL (Hôpital St Louis, Paris, France). *Nouv Presse Med* 1982; 11: 655-6.

Current therapy of vulvovaginitis

MF REIN (University of Virginia, Charlottesville, VA, USA). *Sex Transm Dis* 1981; 8 suppl: 316-20.

Pelvic inflammatory disease: etiology, diagnosis and treatment

RL SWEET (Department of Obstetrics and Gynaecology, San Francisco General Hospital, San Francisco, USA). *Sex Transm Dis* 1981; 8 suppl: 308-15.

Genital warts

JD ORIEL (University College Hospital, London, UK). *Sex Transm Dis* 1981; 8 suppl: 326-9.

Sexually transmitted infections and cervical atypia

J SCHACHTER (University of California, San Francisco, USA). *Sex Transm Dis* 1981; 8: 353.

Hepatitis and other sexually transmitted diseases in gay men and lesbians

DC WILLIAM (421 W 57th Street, New York, NY, USA). *Sex Transm Dis* 1981; 8 suppl: 330-2.

Hepatitis B among homosexual men in the Netherlands

RA COUTINHO, BJT SCHUT, NA VAN LENT, ET AL (Municipal Health Service, Amsterdam, The Netherlands). *Sex Transm Dis* 1981; 8 suppl: 333-5.

Epidemiology of sexually transmitted hepatitis B infections in heterosexuals: a review

FN JUDSON (Disease Control Service, Denver, Colorado, USA). *Sex Transm Dis* 1981; 8 suppl: 336-43.

Strategies for prevention of hepatitis B as a sexually transmitted disease

GF GRADY (Massachusetts Department of Public Health, Boston, MA, USA). *Sex Transm Dis* 1981; 8 suppl: 344-8.

Asymptomatic rectal mucosal lesions and hepatitis B surface antigen at sites of sexual contact in homosexual men with persistent hepatitis B virus infection

NE REINER, FN JUDSON, AND WW BOND, ET AL (Denver Metro Health Clinic, Denver, Colorado, USA). *Ann Intern Med* 1982; 96: 170-3.

To ascertain why active and passive or anal and genito-anal intercourse correlate strongly with hepatitis B virus (HBV) infection in homosexual men, we studied 22 men with HBV infection for the presence of hepatitis B surface antigen (HBsAg) in gingival and anorectal mucosa, faeces, and semen. Thirteen of 22 (59%) patients had asymptomatic rectal mucosal lesions consisting of punctate bleeding points. Seventy-seven per cent of swabbed specimens from lesions, 62% from faeces, 59% from rectal mucosa, and 50% from anal canal mucosa contained HBsAg. Sera diluted serially and tested for HBsAg by radioimmunoassay showed that men with serum titres of 10^5 or greater were more

likely to have HBsAg in specimens from lesions ($P=0.034$), faeces ($P=0.032$), and normal mucosa ($P=0.001$) than men with titres under 10^5 . Asymptomatic rectal bleeding is frequent in homosexual men with persistent HBV infection. Rectal mucosa, faeces, and anal canal mucosa become contaminated with HBsAg, creating a setting for de facto parenteral transmission when there is contact with oral or urethral mucosa.

Authors' summary

Increased risk of infection with hepatitis A and B viruses in men with a history of syphilis: relation to sexual contacts

P KRYGER, NS PEDERSEN, L MATHIESEN, AND JO NIELSEN (Statens Seruminstitut, Copenhagen, Denmark). *J Infect Dis* 1982; 145: 23-6.

Serum samples from 177 homosexual men, 35 heterosexual men, and 57 with unknown sexual contacts—all of whom had had at least one episode of syphilis—were tested in Copenhagen for markers of hepatitis A and B viruses. The incidence of hepatitis B surface antigen (HBsAg) or its antibody (anti-HBs) was 67% in homosexual men (5.6% being positive for HBsAg and the remainder for anti-HBs) compared with 25% in men with unknown sexual contacts and 23% in heterosexual men aged 40-49 years.

Antibodies to HAV were found in 36% of the homosexual men compared with 20% of the heterosexual men and 18% of those with unknown sexual contacts. The incidence in homosexual men was significantly higher in those with more than one episode of syphilis.

It is recommended that all patients particularly homosexual men diagnosed as having sexually transmitted disease should be tested for markers of HBV and persons found seronegative should be offered HBV vaccine when it becomes commercially available.

R R Willcox

(Reprinted from *Abstracts on Hygiene* by permission of the Editor)

Public health and social aspects

Sexually transmitted disease statistics

MW ADLER (Middlesex Hospital Medical School, London, UK). *J R Soc Med* 1982; 75: 4-6.

Miscellaneous

Characterisation of an unusual bacterium isolated from genital ulcers

J-P URSI, E VAN DYCK, RC BALLARD, *ET AL*
(Microbiology Laboratory, University of Antwerp, Belgium). *J Med Microbiol* 1982; **15**:97-103.

The preliminary characterisation of an unusual Gram-negative bacillus isolated

from genital ulcers in Swaziland is reported. Like *Haemophilus ducreyi* it is an oxidase-positive, nitrate-reductase-positive Gram-negative rod that forms streptobacillary chains in some circumstances; it was therefore called the "ducreyi-like bacterium" (DLB). Distinguishing features of the DLB are production of α -haemolysis on horse-blood agar, stimulation of growth by a microaerophilic atmosphere and by a factor produced by *Staphylococcus aureus*, a strongly positive porphyrin test result, and a remarkable ability to undergo

autolysis. DLB has a guanine + cytosine value of c 50 moles% but it cannot be classified, even at the genus level, until more taxonomic data are obtained.

Authors' summary

History of the development of a service for the venereal diseases

MW ADLER (Middlesex Hospital Medical School, London, UK). *J R Soc Med* 1982; **75**:124-8.